



County of Orange
Housing and Community Development Department
Fiscal Years 2001-2002 and 2002-2003
FUNDING APPLICATION

For Staff Use Only

- A. Applicant Name: _____
Address: _____
Phone: (____) _____ FAX No: (____) _____
Contact Person: _____ Phone: (____) _____
- B. Project Title: _____
- C. Supervisorial District where Applicant is based: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ or Other County: _____
Supervisorial District project will be located in: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ or Countywide benefit ☐
Congressional District project will be located in: 39 ☐ 41 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ or Countywide benefit ☐
- D. Source of Funding Requested: (All CHDO & Homeownership applicants must apply for HOME funds.)
☐ CDBG ☐ HOME (25% Match) ☐ ESG (100% Match) ☐ NDAPP (Redevelopment) ☐ Other Local
- E. Amount of Funding Request: \$ _____
- F. If total funding request is not possible, list minimum amount needed to maintain project viability and its accomplishments: \$ _____
- G. This project is: (check one)
☐ Public Facilities & Improvements*
**Rehabilitation of a community center, homeless shelter or other public facility is categorized as "Public Facilities & Improvements" (Please provide census tract and block group data in Paragraph N.4.)*
☐ Public Services ☐ Economic Development
☐ CHDO Pre-Acquisition Loan
☐ Homeownership
☐ Residential Housing Rehabilitation
☐ Other: _____
- H. This Application is for: ☐ Phase 1 ☐ Phase _____ of a multi-year project
☐ Renewal Project ☐ New H&CD Funded Project ☐ Project Expansion/Completion
- I. Have you received H&CD funding in previous years? NO ☐ YES ☐
If YES, please fill out chart below:

Year	Award	Unspent	Contract No./Project Title	Performance Measures Achieved? Yes/No (To Be Completed By Threshold Review Staff)
2000-01	\$	\$		
1999-00	\$	\$		
1998-99	\$	\$		

J. Please check the activity which best describes your project:

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Acquisition of Real Property (01) <input type="checkbox"/> Disposition (02) <input type="checkbox"/> Public Facilities & Improvements (General) (03) <input type="checkbox"/> Senior Centers (03A) <input type="checkbox"/> Handicapped Centers (03B) <input type="checkbox"/> Homeless Facilities (not operating costs) (03C) <input type="checkbox"/> Youth Centers (03D) <input type="checkbox"/> Neighborhood Facilities (03E) <input type="checkbox"/> Parks, Recreational Facilities (03F) <input type="checkbox"/> Parking Facilities (03G) <input type="checkbox"/> Solid Waste Disposal Improvements (03H) <input type="checkbox"/> Flood Drain Improvements (03I) <input type="checkbox"/> Water / Sewer Improvements (03J) <input type="checkbox"/> Street Improvements (03K) <input type="checkbox"/> Sidewalks (03L) <input type="checkbox"/> Child Care Centers (03M) <input type="checkbox"/> Tree Planting (03N) <input type="checkbox"/> Fire Station/Equipment (03O) <input type="checkbox"/> Health Facilities (03P) <input type="checkbox"/> Abused & Neglected Children Facilities (03Q) <input type="checkbox"/> Asbestos Removal (03R) <input type="checkbox"/> Facilities for AIDS Patients (03S) (not operating costs) <input type="checkbox"/> Operating Costs for Homeless/AIDS Patients Programs (03T) <input type="checkbox"/> Clearance & Demolition (04) <input type="checkbox"/> Clean-up of Contamination Sites (04A) <input type="checkbox"/> Public Services (General) (05) <input type="checkbox"/> Senior Services (05A) <input type="checkbox"/> Handicapped Services (05B) <input type="checkbox"/> Legal Services (05C) <input type="checkbox"/> Youth Services (05D) <input type="checkbox"/> Transportation Services (05E) <input type="checkbox"/> Substance Abuse Services (05F) <input type="checkbox"/> Battered & Abused Spouses (05G) <input type="checkbox"/> Employment Training (05H) <input type="checkbox"/> Crime Awareness (05I) <input type="checkbox"/> Fair Housing Activities (05J) (if CDBG, then subject to 15% cap) <input type="checkbox"/> Tenant / Landlord Counseling (05K) <input type="checkbox"/> Child Care Services (05L) <input type="checkbox"/> Health Services (05M) <input type="checkbox"/> Abused & Neglected Children (05N) <input type="checkbox"/> Mental Health Services (05O) <input type="checkbox"/> Screening for Lead Based Paint / Lead Hazards Poisoning (05P) <input type="checkbox"/> Subsistence Payments (05Q) <input type="checkbox"/> Homeownership Assistance (not direct) (05R) <input type="checkbox"/> Rental Housing Subsidies (05S) (if HOME, not part of 5% Admin. cap) <input type="checkbox"/> Security Deposits (05T) (if HOME, not part of 5% Admin. cap) <input type="checkbox"/> Interim Assistance (06) <input type="checkbox"/> Urban Renewal Completion (07) | <ul style="list-style-type: none"> <input type="checkbox"/> Relocation (08) <input type="checkbox"/> Loss of Rental Income (09) <input type="checkbox"/> Removal of Architectural Barriers (10) <input type="checkbox"/> Privately Owned Utilities (11) <input type="checkbox"/> Construction of Housing (12) <input type="checkbox"/> Direct Homeownership Assistance (13) <input type="checkbox"/> Rehab; Single-Unit Residential (14A) <input type="checkbox"/> Rehab; Multi-Unit Residential (14B) <input type="checkbox"/> Public Housing Modernization (14C) <input type="checkbox"/> Rehab; Other Privately-Owned Commercial / Industrial (14E) <input type="checkbox"/> Energy Efficiency Improvements (14F) <input type="checkbox"/> Acquisition – For Rehabilitation (14G) <input type="checkbox"/> Rehabilitation Administration (14H) <input type="checkbox"/> Lead-Based / Lead Hazard Test/Abate (14I) <input type="checkbox"/> Code Enforcement (15) <input type="checkbox"/> Residential Historic Preservation (16A) <input type="checkbox"/> Non-Residential Historic Preservation (CBDO) (16B) <input type="checkbox"/> CI Land Acquisition/Disposition (17A) <input type="checkbox"/> CI Infrastructure Development (17B) <input type="checkbox"/> CI Building Acquisition, Construction, Rehabilitation (17C) <p style="text-align: center;"><i>(Economic Development)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> ED Direct Financial Assistance to For-Profits (18A) <input type="checkbox"/> ED Technical Assistance (18B) <input type="checkbox"/> Micro-Enterprise Assistance (18C) <input type="checkbox"/> HOME Admin/Planning Costs of PJ (19A) (not part of 5% Admin. cap) <input type="checkbox"/> HOME CHDO Operating Costs (19B) (not part of 5% Admin. cap) <input type="checkbox"/> CDBG Non-Profit Organization Capacity Building (19C) <input type="checkbox"/> CDBG Assistance to Institutes of Higher Education (19D) <input type="checkbox"/> CDBG Operation & Repair of Foreclosed Property (19E) <input type="checkbox"/> Repayments of Section 108 Loan Principal (19F) Planning (20) <input type="checkbox"/> General Program Administration (21A) <input type="checkbox"/> Indirect Costs (21B) <input type="checkbox"/> Public Information (21C) <input type="checkbox"/> Fair Housing Activities (21D)(subject to 20% Admin. cap) <input type="checkbox"/> Submissions or Applications for Federal Programs (21E) (subject to 5% cap) <input type="checkbox"/> HOME Rental Subsidy Payments (21F) (subject to 5% cap) <input type="checkbox"/> HOME Security Deposits (21G) (subject to 5% cap) <input type="checkbox"/> HOME Admin/Planning Costs of PJ (21H) (subject to 5% cap) <input type="checkbox"/> HOME CHDO Operating Expenses (21I) (subject to 5% cap) <input type="checkbox"/> Unprogrammed Funds (22) |
|---|---|

K. City/Target : Check the "City(ies) or Target Area(s)" that your project will serve:

- | | | | |
|---------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Brea | <input type="checkbox"/> San Clemente | <input type="checkbox"/> Back Bay | <input type="checkbox"/> Rustic Lane |
| <input type="checkbox"/> Cypress | <input type="checkbox"/> Seal Beach | <input type="checkbox"/> Colonia | <input type="checkbox"/> Sherwood Forest |
| <input type="checkbox"/> Dana Point | <input type="checkbox"/> Stanton | <input type="checkbox"/> El Modena | <input type="checkbox"/> Southwest Anaheim |
| <input type="checkbox"/> Laguna Beach | <input type="checkbox"/> Placentia | <input type="checkbox"/> Inter-Canyon | <input type="checkbox"/> West Anaheim |
| <input type="checkbox"/> Laguna Hills | <input type="checkbox"/> Villa Park | <input type="checkbox"/> Mac Island | <input type="checkbox"/> Countywide Benefit |
| <input type="checkbox"/> Laguna Woods | <input type="checkbox"/> Yorba Linda | <input type="checkbox"/> Midway City | <input type="checkbox"/> Midway City |
| <input type="checkbox"/> La Palma | <input type="checkbox"/> Rancho Santa | <input type="checkbox"/> N.E. El Modena | |
| <input type="checkbox"/> Los Alamitos | <input type="checkbox"/> Margarita | <input type="checkbox"/> Olive Heights | |

L. Target Population: Check and list the income percentage to be served and check the target population:

- | | | |
|--|---|--|
| <input type="checkbox"/> Very Low-Income _____%* | <input type="checkbox"/> Youths | <input type="checkbox"/> Sec. 8 Rental Assistance Recipients |
| <input type="checkbox"/> Low-Income _____%* | <input type="checkbox"/> Adults | <input type="checkbox"/> Single Parents |
| <input type="checkbox"/> Moderate _____%* | <input type="checkbox"/> Seniors | <input type="checkbox"/> Victims of Domestic Violence |
| <input type="checkbox"/> Other (NDAPP) | <input type="checkbox"/> Families | <input type="checkbox"/> Substance Abusers |
| <input type="checkbox"/> Physically Disabled | <input type="checkbox"/> Homeless | <input type="checkbox"/> Dually-Diagnosed |
| <input type="checkbox"/> Persons with AIDS | <input type="checkbox"/> Mentally Ill | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Frail Elderly | <input type="checkbox"/> Developmentally Disabled | |
| <input type="checkbox"/> Infants | <input type="checkbox"/> Veterans | |
| <input type="checkbox"/> Children | <input type="checkbox"/> Welfare Recipients | |

*(Please refer to page 18 of the Application for Income Guidelines.)

M. National Objectives: Check one of the following HUD National Objectives:

- | | |
|---|--|
| <input type="checkbox"/> Low/Moderate Area Benefit | <input type="checkbox"/> Slum/Blight Spot Benefit |
| <input type="checkbox"/> Low/Moderate Housing | <input type="checkbox"/> Slum/Blight Urban Renewal Benefit |
| <input type="checkbox"/> Low/Moderate Jobs Benefit | <input type="checkbox"/> Urgent Need (as defined by County) |
| <input type="checkbox"/> Low/Moderate Limited Clientele | <input type="checkbox"/> N/A – Request Redevelopment (NDAPP) funds |
| <input type="checkbox"/> Slum/Blight Area Benefit | |

N. Proposed Project:

- 1) Please provide a concise description of your project, including type of activity and population served.
- 2) How will the project address the National Objective(s) checked above?
- 3) What is the address of the project being proposed?
- 4) If a Public Facilities & Improvements or Economic Development project, what is/are the:
Census Tract(s): _____ Block Group(s): _____

(Use an additional sheet if necessary)

O. Please provide an overall estimate of low to moderate income persons who will benefit from this project: _____ % (i.e., 95% of all persons who benefit from this project will be low to moderate income). (Please refer to page 18 of the Application for Income Guidelines)

P. Local Objectives: Jurisdictional Sphere of Influence

Does project contribute to future annexation? Yes ☐ No ☐
Please describe how:

Q. Please provide a projected percentage breakdown by ethnicity:

% White _____	% Black _____
% Native American _____	% Asian/Pacific Islander _____
% Hispanic _____	% Other _____

Public Facilities & Improvements Worksheet

In typewritten form, please answer **ALL** the questions listed below in the following format:

1. *Need for the project*

- A. Why is this project needed? What evidence can you cite for this need?
- B. What problem or deficiency in public facilities will it address?

2. *Quantifiable Performance Measures*

- A. What benefits will be achieved by construction of the project?
- B. Who will benefit from this project? Please provide census tract and block group information.
- C. How many persons will benefit from this project? What percentage of these persons is low-and moderate-income?
- D. Describe how the project will help preserve a low-and moderate-income neighborhood, or provide other community benefits?

3. *Project Process/Feasibility/Timeliness*

- A. Describe support for the project by the affected persons and the surrounding community.
- B. How will those affected by the project participate in its implementation?
- C. Explain how the project will provide for safety and, if applicable, handicap accessibility.
- D. Describe your planned schedule for project implementation and completion. Provide estimated dates for each milestone completed.
- E. Are there any foreseeable difficulties in obtaining the project site, right-of-way or rights of entry? List the property owners or others who must approve.
- F. What public permits and approvals will be required? Are there anticipated difficulties in obtaining these permits? Please address any known potential adverse environmental impacts related to this project.
- G. List any other funding needed in order to complete this project and indicate if it has been secured?

4. *Department/Agency Capacity, and Demonstrated Effectiveness/Experience*

- A. Describe how your Department/Agency, or its subcontractors, and/or all other organizations involved in implementing the proposed project have knowledge of and experience operating the type of specific project activities proposed.
- B. If applicable, describe how the experience of your principal staff relates to the proposed project and construction or services to be conducted.
- C. Indicate, to the best of your knowledge, whether or not your Department/Agency is in compliance with applicable civil rights laws and Executive Orders and if it has any pending civil rights violations or deferrals of application processing due to civil rights violations.

5. *Budget and Resource Leveraging*

- A. Provide a detailed project budget that itemizes all design and construction costs.
- B. If applicable, provide a detailed annual budget report for your Department/Agency. Indicate what impact the proposed project funds will have on your overall budget total.
- C. Indicate the impact of a reduction in funding upon the project if all funds requested are not received. State the minimum amount of funding needed to maintain project viability and if project should be phased for multi-year funding.

Rehabilitation Worksheet ***(Residential Housing Rehabilitation or Commercial Rehabilitation)***

In typewritten form, please answer **ALL** the questions listed below in the following format:

1. *Need for the project*

- A.** Why is this project needed? What evidence can you cite for this need?
- B.** What problem or deficiency will it address?

2. *Quantifiable Performance Measures*

- A.** Describe the specific benefit to low- and moderate-income persons or target populations.
- B.** What is the focus of the project (owner-occupied, tenant-occupied or both)?
- C.** How many owner/tenant units/residences will benefit from the project?
- D.** Describe how the project will help low- and-moderate-income households, preserve a low- and-moderate-income neighborhood, or provide other housing or community benefits?

3. *Project Process/Feasibility/Timeliness*

- A.** If funded, can the entire project be completed within 12 months? If no, please explain.
- B.** Describe the process for development of the scope of work, the bidding process and contractor selection. How will owners participate in this process?
- C.** Describe your planned schedule for project implementation and completion. Provide estimated dates for each milestone completed (e.g., rehabilitation of 10 units per quarter).
- D.** List any other funding needed in order to complete this project, has it been secured?
- E.** Describe the type of assistance to be provided to property owners (e.g., low-interest loans, deferred payment loans, grants, rebates, etc.). Are rehabilitation and relocation procedures and costs in place? Please include your procedures as part of this application submittal.
- F.** HUD encourages employment of low- and-moderate-income persons on HUD funded projects. Will this project provide for the hiring of low- and-moderate-income and minority business owners? If yes, please describe your plans for monitoring this element of your program.

4. *Organization Capacity, and Demonstrated Effectiveness/Experience*

- A.** Describe how your Department/Agency, or its subcontractors, and/or all other organizations involved in implementing the proposed project have knowledge of and experience in the type of specific project activities proposed.
- B.** If applicable, describe how the experience of your principal staff relates to the proposed project and services to be offered.
- C.** Indicate, to best of your knowledge whether or not your Organization is in compliance with applicable civil rights laws and Executive Orders and if it has any pending civil rights violations or deferrals of application processing due to civil rights violations.

5. *Budget and Resource Leveraging*

- A.** Provide a detailed project budget that itemizes all design and construction related costs. Provide estimated rehabilitation costs per unit.
- B.** Provide a detailed annual budget report for your Organization. Indicate what impact the proposed project funds will have on your overall budget total.
- C.** Indicate the impact of a reduction in funding upon the project if all funds requested are not received. State the minimum amount of funding needed to maintain project viability.

Public Services Worksheet

In typewritten form, please answer **ALL** the questions listed below in the following format:

1. *Need for the project*

- A. Why is this project needed? What evidence can you cite for this need?
- B. Are other service providers addressing this need? If so, why are your services also needed?

2. *Quantifiable Performance Measures*

- A. Who will benefit from your project? How many persons did you provide services to last year?
- B. How many persons would you estimate receiving this benefit over a year's time? Projection for the following year FY2001-2002?
- C. What are the benefits or quality of life changes for a client that would represent a significant level of success of your service? What percentage of your clients would be expected to achieve these results and how will you determine? What results would you consider less successful but still beneficial? What percentage of your clients would you expect might achieve these results?
- D. Please describe how your performance measures will be used to rate results of your services e.g., timeframe for achievement and percentage/number of clients expected to reach the stated level of achievement, etc.
- E. Describe how your service will help preserve a low-and moderate-income neighborhood, or provide other community benefits or address a gap in the Continuum of Care? Describe how you will evaluate whether these results occur?

3. *Project Process*

- A. Describe how people come to your Organization for service — do they seek you out, get referred, or respond to outreach efforts, etc.?
- B. Describe your intake, assessment and case management process. What determines the quantity of services to be provided?
- C. Describe your planned schedule for project implementation and completion.

4. *Organization Capacity, and Demonstrated Effectiveness/Experience*

- A. Describe how your Organization, or its subcontractors, and all other organizations involved in implementing the proposed project have knowledge of and experience in the type of specific project activities proposed.
- B. Describe how the experience of your principal staff relates to the proposed project and services to be offered.
- C. Indicate how your Organization performed if it has received any HUD McKinney grants or participated in the Single-Family Property Disposition (SFPD). There must be no project construction delay, HUD finding or outstanding audit problems.
- D. Identify all funding sources over the last 12-months including the amount of funding, contact person and phone number of funding source, duration of funding, use of funds and indicate whether or not contractual performance measures were achieved. Please note that Organization must demonstrate good performance with other funding sources and have adequate accounting systems and controls in place to track these funds.
- E. Indicate whether or not your Organization is in compliance with applicable civil rights laws and Executive Orders and whether or not it has any pending civil rights violations or deferrals of application processing due to civil rights violations.

5. *Budget and Resource Leveraging*

- A. Provide a detailed annual budget report for your Organization. Indicate what impact proposed project funds would have on your overall budget total.

- B.** Provide a detailed project budget that itemizes the use of all proposed funds (including funds from other sources, such as other grants, or in-kind services and donations specific to the proposed project). Indicate the unit price for each measurable amount of service or product delivered (e.g., persons, bednights, meals). What proportion of this will be paid by requested funds?
- C.** Indicate the impact of a reduction in funding upon the project if all funds requested are not received. State the minimum amount of funding needed to maintain project viability. Quantify the percentage of decrease in services in proportion to a decrease in funding (e.g., if requested funds are reduced by 25%, projected service levels/performance measures will decrease by 20%).

Economic Development Worksheet

In typewritten form, please answer **ALL** the questions listed below in the following format:

1. Need for the project

- A. Why is this project needed? What evidence can you cite for this need?
- B. What problem or deficiency will it address?

2. Quantifiable Performance Measures

- A. How many full time jobs will be created by implementation of the project?
- B. Describe, by job title, the number of permanent jobs to be created and made available to low- and moderate-income persons, which jobs require special skills or education and which jobs are part time.
- C. Describe the actions to be taken to ensure that low- and moderate-income persons receive first consideration for these jobs.
- D. Describe how the project will help preserve or revitalize a low- and moderate-income neighborhood/business district, or neighborhood employment.

3. Project Process/Feasibility/Timeliness

- A. Describe support for the project by the affected persons and the surrounding community.
- B. How will those affected by the project participate in its implementation?
- C. Define the geographic boundaries covered by the project.
- D. Describe your planned schedule for project implementation and completion. Provide estimated dates for each milestone to be completed.
- E. Are there any foreseeable difficulties in obtaining the cooperation/approval of property owners or others?
- F. What public permits and approvals will be required? Are there anticipated difficulties in obtaining these permits? Please address any known potential adverse environmental impacts related to this project.
- G. List any other funding needed in order to complete this project and indicate if has it been secured.

4. Organization Capacity, and Demonstrated Effectiveness/Experience

- A. Describe how your Organization, or its subcontractors, and/or all other organizations involved in implementing the proposed project have knowledge of and experience operating the type of specific project activities proposed.
- B. If applicable, describe how the experience of your principal staff relates to the proposed project and construction or services to be conducted.
- C. Indicate, to the best of your knowledge, whether or not your Organization is in compliance with applicable civil rights laws and Executive Orders and whether or not it has pending civil rights violations or deferrals of application processing due to civil rights violations.

6. Budget and Resource Leveraging

- A.** Provide a detailed project budget that itemizes all costs associated with implementing the proposed project.
- B.** If applicable, provide a detailed annual budget report for your Organization. Indicate what impact proposed project funds would have on your overall budget total.
- C.** Indicate the impact of a reduction in funding upon the project if all funds requested are not received. State the minimum amount of funding needed to maintain project viability and if project should be phased for multi-year funding.

**Community Housing Development Organization (CHDO)
Pre-Acquisition Loan**

- Purpose:** CHDO's are community based nonprofit housing organizations which have among their purposes developing, managing and providing decent, safe and sanitary affordable housing. HUD has made CHDO capacity building as one of its major goals under the HOME Program. H&CD in its role as the lead agency responsible for implementation of the HOME Program, assists in this effort. The CHDO Pre-acquisition Loan Program was developed to support the emerging CHDOs by making financial assistance available.
- Assistance Type:** Loans to qualified CHDO's to assist in pre-acquisition activities associated with the development on affordable housing for families at or below 60% County Median Income (MI).
- Terms:** Loans for up to \$25,000 in HOME funds at a rate of zero percent (0%) simple interest per annum on the principal amount until paid. Loan will be repayable on the earliest of eighteen (18) months from the date of the execution of the Pre Acquisition Loan Agreement or no more than (24) months at such time the project has received financing to develop an affordable housing project for low income individuals not to exceed 60% MI.
- Eligible Activities:** Loan proceeds will be used to cover the costs of preliminary architectural, legal, engineering, insurance, title search fees, costs associated with gaining control of a site, hiring of consultants to evaluate a site, initial feasibility studies, preliminary financial applications and costs related to assembling a development team.
- Eligible Applicants:** Non-Profit organizations meeting the definition of CHDO under the Code of Federal Regulations (24 CFR92- Part 92- HOME Investment Partnerships Program).
- Funding:** \$100,000- HOME funds

In typewritten form, please answer **ALL** the questions listed below in the following format:

- 1) Describe the project for which you are proposing to use these pre-acquisition funds. Include both development and supportive services related activities.
- 2) List your organizations' experience in developing and/or managing affordable housing. Include experience of staff members and Board of Directors in developing affordable housing.
- 3) Describe your organizations' past activities/experience including:
 - ☐ Number of affordable housing projects applicant has developed
 - ☐ Number of low-income clients served through a social service or other agency activities
- 4) Describe your organizations' staffing and the number of staff or consultants that will be responsible for locating sites for the development of affordable housing.
- 5) List all grants or loans your organization has received for activities associated with the delivery of services to low income individuals (i.e. SuperNOFA SHP funds, private grants, etc.):

	<u>GRANT/LOAN</u>	<u>ACTIVITY</u>	<u>YEAR(s) RECEIVED</u>
Example:	HUD SHP grant	Support Services for Domestic Violence Shelter	1998, 1999

- 6) Fill out attached CHDO Checklist to establish eligibility.

Conditions Precedent to Funding

The following conditions or requirements must be met prior to the County funding any pre-acquisition expenses under this program. Other conditions to funding may be requested, as regulations require.

- A. The CHDO will be certified as a CHDO by H&CD.
- B. The CHDO will maintain compliance with the CHDO requirements as enumerated in to this program and any other requirements required by HUD for CHDOs.
- C. The CHDO will be expected to receive funds to develop an affordable housing project for low and moderate income persons within twenty-four (24) months of receiving pre-acquisition expenses from the County.
- D. The CHDO will provide proof of a resolution by its Board of Directors authorizing the CHDO to enter into a Pre-Acquisition Loan Agreement with the County.
- E. There exists no Event of Default nor any act, failure, omission or condition that would constitute an Event of Default.
- F. The CHDO will deliver, provide and maintain a certificate of insurance or copy of the insurance policy, which policy is satisfactory to the County.
- G. The CHDO will submit a complete project proposal with the required attachments and exhibits.
- H. The CHDO will deliver an Affirmative Action and Minority Business Enterprise/Woman Business Enterprise (MBE/WBE) Plan acceptable to the City.
- I. The financial condition of the CHDO will not have materially and adversely change since the application for the funds.

Self-Help Homeowners Acquisition Worksheet

Loan – 50% County Median Income (MI)

Purpose: Assist low income families to build their own homes with assistance from a self-help development organization.

Assistance Type: Grants to sponsor organizations that acquire property to assist low-income (50% MI and below) families in building their own homes with their own labor and without conventional financing.

Terms: Grants for up to \$60,000 per unit (6-8 homes) in HOME funds. 55 year affordability restriction to low income families at 50% MI or below.

Eligible Activities: Acquisition of land for new construction of affordable homes through an established self-help program.

Eligible Applicants: Non-Profit organizations

Funding: \$360,000- HOME funds

In typewritten form, please provide the following information requested below:

- 6) Describe the program for which you are proposing to use these self-help homeownership acquisition funds. Include both development and supportive services related activities.
- 7) List your organizations' experience with self-help homeownership programs and capabilities to administer the program/project you propose.
- 8) Describe your organizations' past activities/experience including (if an affiliate of a parent organization, list affiliate and parent activities/experience):
 - ☐ Number of homes/units applicant has assisted low-income homeowners in building
 - ☐ Number of homes/units for which applicant currently maintains affordability covenants
 - ☐ Number of homes/units currently under construction

- 9) List the proposed Sources and Uses for the development of the homes you are proposing:

For example:

AMOUNT/SOURCE	FINANCING TERMS	USE
<u>\$100,000 City of ABC</u>	<u>Grant</u>	<u>Acquisition</u>
<u>\$200,000 estimated Smith Roofing Corp.</u>	<u>In-kind</u>	<u>Construction</u>
<u>100 volunteer hours</u>	<u>In-kind</u>	<u>Labor</u>

- 10) Provide an estimated cost to build each home including the following:

ACTIVITY	COST	PER UNIT COST
Acquisition:	\$	\$
Construction:	\$	\$
Other:	\$	\$

- 11) Provide a project timeline for each home proposed that shows actual or estimated dates for the following stages of completion:
- ☐ Site Control
 - ☐ Site Acquisition
 - ☐ Application for Conditional Use Permit or Variance
 - ☐ Submission of plans to Building Department
 - ☐ Construction
 - ☐ Construction Completion
 - ☐ Applicant Sweat Equity Hours Completed
 - ☐ Applicant Move-in
- 7) Describe your methods for acquiring property including any potential sites already under negotiation for the purpose of this program.
- 8) Describe the financing you will provide to the homeowner.

REQUIREMENTS PRIOR TO FUNDING:

H&CD will require the following items prior to funding. H&CD reserves the right to request further information as is needed to comply with future regulations.

- ☐ Preliminary Title Report
- ☐ Site Control Documentation
- ☐ Appraisal
- ☐ Grant Deed
- ☐ Zoning Verification
- ☐ Construction Estimates
- ☐ Building Permits
- ☐ Proof of Insurance by a California-Rated Company
- ☐ Certificate of Occupancy
- ☐ Copy of Development Loan Documents/Covenants
- ☐ Certified Escrow Instructions
- ☐ Photographs of Site
- ☐ Architectural Design
- ☐ Environmental Information Form
- ☐ Phase I Environmental Report
- ☐ Lead Paint/ Asbestos Reports (if applicable-demolition only)
- ☐ Relocation and Tenant Characteristics (if applicable)
- ☐ Letter of Acknowledgement from City Manager
- ☐ Article 34 Compliance
- ☐ Affirmative Housing Marketing Plan
- ☐ Board Resolution

ATTACHMENT 1

SUPPORTING DOCUMENTS CHECKLIST

The following documents must be submitted in the order listed. Failure to submit any of these documents will result in ineligibility of the application. Applicants must submit an original, plus 10 copies of the application.

- _____ (1) **Supporting Documents Checklist** (Attachment 1)
- _____ (2) **Organizational Information** (Attachment 2)
- _____ (3) **Activity Worksheets**
 - _____ a. **Public Facilities & Improvements Worksheet**
 - _____ b. **Rehabilitation Worksheet**
 - _____ c. **Public Services Worksheet**
 - _____ d. **Economic Development Worksheet**
 - _____ e. **CHDO Pre-Acquisition Loan Worksheet**
 - _____ f. **Self-help Homeowners Acquisition Loan – 50% AMI Worksheet**
- _____ (4) **Priority Project & Program** (Attachment 3)
- _____ (5) **Project Leveraging Description** (Attachment 4)
- _____ (6) **Additional Organizational Information Sheet** (Attachment 5)
- _____ (7) **Collaborative Information Sheet, if applicable** (Attachment 6)
- _____ (8) **Civil Rights Laws Compliance and HUD Good Standing Sheet** (Attachment 7)
- _____ (9) **Signatures and Assurances** (Attachment 8)

ATTACHMENT 2

ORGANZATIONAL INFORMATION

A. Please fill in the following information:

AGENCY'S LEGAL NAME: _____

COMMON NAME: (IF APPLICABLE) _____

EXECUTIVE DIRECTOR: _____

ADDRESS: _____

CITY: _____ ZIP: _____

TELEPHONE: _____ FAX : _____

CONTACT PERSON:* _____

TITLE: _____

DAY TELEPHONE: _____

NIGHT TELEPHONE: _____

E-MAIL ADDRESS: _____

*This must be the person who is most knowledgeable about this proposal and who can be easily reached at any time. This person may be different from the individual authorized to sign and submit the proposal. If this person is not the actual grant writer, please also list grant writer's name.

B. Project Name: _____

C. Project Address: _____

D. Fiscal and Administrative Accountability

Please list the person(s) who have legal authority to sign contracts and other legal documents, payment requests, and checks related to this application proposal:

Name	Title	Documents Authorized to Sign
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATTACHMENT 2 (continued)

E. Please circle the answers to the questions below. Attach explanations of any “yes” answers.

- | | | |
|---|-----|----|
| 1. In the past ten years, has your organization ever had its nonprofit status revoked or withheld by the IRS, the Secretary of State, the State Attorney General, or the Franchise Tax Board? | Yes | No |
| 2. Has your organization been sued in the last five years? | Yes | No |
| 3. Are any of your managers or staff with fiscal responsibilities involved in litigation presently that has any bearing on fiduciary trust or employee relations? | Yes | No |
| 4. Have any unfavorable rulings been handed down by any court against your organization or Executive Director in the last five years? | Yes | No |
| 5. Does your organization currently have any unresolved fiscal, reporting, or program issues with any of its funding sources? | Yes | No |

Please explain any “yes” answers on a separate sheet and attach to this application.

ATTACHMENT 4

PROJECT LEVERAGING DESCRIPTION

If a portion of your project will be provided by other sources, please provide a description of how each leveraged resource will be used in the proposed project and identify any written agreements as follows.

Example:

"The Spotsville Co. Dept. of Social Services will contribute \$10,000 for childcare for five children living in the St. Claire's Supportive Housing Project. This childcare which will be provided at the elementary school located two blocks from the proposed transitional housing project, is essential for the single parent families in the program whose heads of households must attend job training programs and/or school. A three-year contract for these services is under negotiation and will be on file in our administrative office."

ATTACHMENT 5

ADDITIONAL ORGANIZATION CAPACITY INFORMATION

If applicable, please attach the following:

1. A brief description of accounting system and controls in place
2. A copy of your organizational chart of Department/Agency. (Include staff of proposed project)
3. A Board of Directors list (including phone numbers)
4. A copy of your IRS Letter of 501(c)(3) Status or letter from the State approving the Articles of Incorporation
5. A copy of your Articles of Incorporation and By-Laws (Include only in the original)
6. A copy of annual State of California Non-profit Status or letter from the State approving the Articles of Incorporation
7. A copy of applicant's financial audit and management letter that is not more than two years old.
8. Identify all funding sources over the last 12 months including the amount of funding, contact person and phone number for funding source, duration of funding, use of funds, and indicate whether or not contractual performance measures were achieved.
9. A copy of most recent Organization budget
10. Copies of the minutes of the last two board meetings

ATTACHMENT 6

COLLABORATIVE INFORMATION

If your Organization is proposing a project with other agencies (collaborative), please complete and attach a one page narrative describing the collaborative approach which answers the following questions:

1. Who the collaborative partners are including the roles of each agency and the activities that will be undertaken in a collaborative manner (i.e., information/referral, coordinated project management and implementation, program design and centralized intake, etc.).
2. Which Organization take the lead and prepares the Application?
3. Have the Board of Directors of the respective agencies officially approved of the collaborative? Describe any existing contractual agreements or memorandums of understanding between the various collaborative partners.
4. Describe how the proposed project and activities will be enhanced by the collaborative.

ATTACHMENT 7

CIVIL RIGHTS LAWS COMPLIANCE AND HUD GOOD STANDING SHEET

Please answer the following questions.

1. Has your organization been a past recipient of assistance under a HUD McKinney Act program or the HUD Single Family Property Disposition Homeless Program?

☐ Yes

☐ No

2. If you have been a recipient under either of these programs, has your agency experienced any project or construction delay, HUD finding or outstanding audit that HUD deems serious regarding the administration of HUD McKinney Act programs or the HUD Single Family Property Division Homeless Program?

☐ Yes

☐ No

If you answered "Yes", please explain the circumstances and outcome below.

3. Applicants must be in compliance with applicable civil rights laws and Executive Orders. Applications will be rejected if your agency has any of the following: (1) Any pending civil rights lawsuit instituted by the U.S. Department of Justice; (2) Any noncompliance with civil rights statutes, Executive Orders or regulations as a result of formal administrative proceedings, unless the applicant is operating under a HUD-approved compliance agreement designed to correct the area of noncompliance or is currently negotiating such an agreement; (3) Any unresolved Secretarial charge of discrimination issues under Section 810(g) of the Fair Housing Act, as implemented by 24 CFR 103:400; (4) Any adjudication of a civil rights violation in a civil action brought against the Organization by a private individual, unless the applicant is operating in compliance with a court order designed to correct the area of noncompliance or the applicant has discharged any responsibility arising from such litigation; (5) Any deferral of the processing of applications from the sponsor imposed by HUD under Title VI of the Civil Rights Act of 1964, the Attorney General's Guidelines (28 CFR 50.3) or the HUD Title VI regulations (24 CFR 1.8) and procedures, or under Section 504 of the Rehabilitation Act of 1973 and HUD Section 504 regulations (24 CFR 8.57). If one or more of these situations exists with your Organization, please attach a brief description.

Authorized Signature

Date

ATTACHMENT 8

SIGNATURES AND ASSURANCES

1. **Non-discrimination:** This organization will, through all possible means, ensure equal opportunity for all persons to receive services, to participate in the volunteer structure, and to be employed regardless of age, handicap, national background, race, religion, or sex. An existing sectarian nature of the agency shall not suffer impairment under this agreement, but participation in religious observances, rituals or services will not be required as a condition of receiving food, services, or shelter paid for by this grant.
2. **Accountability:** We commit this organization, if a grant is received, to provide all reports to the County of Orange as required; to expend monies only on eligible costs; to keep complete documentation (copies of all canceled checks, invoices, receipts, etc.) on all expenditures for a minimum of three years; to spend all funds and close out the program on the required date; to return any unused funds to the County of Orange; to cooperate with monitoring or site visits, and; to provide complete documentation of expenses to the County of Orange, if requested, by the required date.

We affirm that all information in this application is true and correct to the best of our knowledge and that the applicant under our authority will execute its responsibility under the proposed contract and adhere to all other applicable rules and regulations to the fullest extent possible.

3. **Non-collusion:** This proposal is genuine, and not sham or collusive, nor made in the interest or in behalf of any person not herein named; the proposer has not directly induced or solicited any other proposer to put in a sham proposal, or any other person, firm or corporation to refrain from submitting a proposal; the proposer has not in any manner sought by collusion to secure for him/herself an advantage over any other proposer.

Authorized Signature (Chairperson of Board or other officer)

Date

Name and Title

Signature, Executive Director or comparable officer

Date

Name and Title

*Multi-Year Funding Allocation Process and
Citizen Participation Plan Schedule*

July 1, 2000	<u>Preparation of Contract</u> - Year 27 begins
July – Sept	<u>Citizen Participation activities</u> – H&CD conducts series of community group meetings
July 7	<u>Public Notice</u> regarding availability of application packets and technical assistance workshops is published in newspaper
Aug 8	<u>Board of Supervisors Meeting</u> to approve Annual Funding Allocation Policy and Citizen Participation Plan
Sept 6	<u>Technical Assistance Workshops</u> <ul style="list-style-type: none">• 9:00 a.m. Cities/Target Areas• 1:30 p.m. Non-profits
Sept 7	<u>Technical Assistance Workshops</u> <ul style="list-style-type: none">• 7:00 p.m. Target Area Coalition
Oct 13	<u>ARC Applications</u> due to H&CD
Nov 13–Dec 7	<u>ARC Evaluation Team review</u> <ul style="list-style-type: none">• Committee for Housing Rehabilitation, Economic Development & Public Facilities & Improvements applications• Committee for Public Services applications• Committee for Homeownership & Transitional Housing Development applications
Dec 11	Optional oral presentations: <ul style="list-style-type: none">• Public Services (9:00 a.m. – 12:00 p.m.);• Public Works, Rehab & Economic Development (1:30 p.m. – 3:30 p.m.)
Jan 16–19, 2001	<u>Letters mailed</u> to applicants re: results of ARC ratings & recommendations
Feb – Mar	<u>Target Area Meetings</u> (Tentative)
Feb 5	<u>Appeal letters</u> due from applicants
Feb 13	<u>Meeting of ARC</u> to review and consider appeals (if requested by H&CD Director)

*Multi-Year Funding Allocation Process and
Citizen Participation Plan Schedule*

Feb 20	<u>Draft Action Plan</u> completed and distributed or made available to Public.
To be determined	<u>Public Notice published</u> announcing two public hearings and initiating a 30-day review
Mar 20	<u>First Public Hearing</u> by the Board of Supervisors to receive public comment(s) on the draft Action Plan as directed by the Board of Supervisors
April	<u>Target Area Coalition Meeting</u> (Tentative)
April 10	<u>Final Action Plan</u> is completed for limited distribution
April 17	<u>Second Public Hearing</u> for Adoption of Final Action Plan by the Board of Supervisors
May 9	<u>Action Plan</u> for FY 2001-2002 submitted to HUD, LA
July	<u>Contracts completed</u> for Year 27 (FY 2001/2002) and distributed to Subrecipients
July	<u>HUD/U.S.Treasury funds</u> available FY 2001/2002 for approved project.

Dates are subject to change